

In America, 8 out of the 10 leading causes of death (Centers for Disease Control and Prevention, 2023) often lead individuals and their families to Hospice care and, sometimes, to the services of an end-of-life doula. This is a population most of us will be a part of. My name is Kathy Engle-Dulac. I am a social worker and an end of life doula with fourteen years of Hospice experience. I am writing in support of HB 6734, an act concerning the decriminalization of small amounts of psilocybin.

When my mother was dying of breast cancer, it took us quite a while to get her physical pain under control. Even when we managed that through the administration of morphine every 20 minutes, her discomfort was still readily apparent. When the local minister stopped in to pray for her, her discomfort eased some, but returned as soon as he finished his prayers and left. Little did I think at the time that her pain could have been due to the emotional and spiritual pain of having to leave behind a family she was devoted to. Today, I recognize that reality. We did not explore the source of her pain and, ultimately, she left with ragged breath, spitting morphine onto her pillow.

Studies on the use of psilocybin to address and reduce anxiety and depression for those approaching the end of their life have illustrated profound effects (Johnson, 2017; Prouzeau, 2022; Shelton, 2016; Yu, 2021 to name only a few), often with only one dose. Currently, assisting individuals facing psychological and spiritual pain, often in addition to physical pain, requires the use of pain management medication, usually opioids like fentanyl patches or buccal morphine known as Roxanol. These medications often offer limited affect as the pain is not only physical. Antidepressant and anti-anxiety medications and talk therapy serve limited use with a population facing the approach of their own death. These methods take time to be effective (at least six weeks of established psychopharmacological approaches, longer for talk therapy modalities). This is time many don't have when they enter Hospice

and/or end-of-life doula care. Families are forced to witness their loved ones endure agonizing pain as they work through their crises, often unable to offer anything more than tears.

Decriminalizing this substance would offer opportunities for individuals approaching the end of their life to address their depression and anxiety effectively, without their current fears of engaging in criminal activity. Patients/clients and their families deserve the peace of mind this substance can offer those approaching death. As the rest of the country works its way toward allowing for the possession and use of psilocybin, please allow Connecticut to serve its residents in similar form. Please enact HB 6734. Thank you.

References

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